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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/651,824
	Filing Date	August 29, 2003
	First Named Inventor	MAKOWER
	Art Unit	3731
	Examiner Name	TRUONG, Kevin Thao
Total Number of Pages in This Submission	Attorney Docket Number	PA2005 DIV1

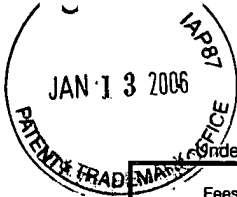
ENCLOSURES (Check all that apply)		
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Medtronic Vascular, Inc.		
Signature	/Michael J. Jaro, Reg. No. 34,472/		
Printed name	Michael J. Jaro		
Date	January 10, 2006	Reg. No.	34,472

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Kimberly Melvin	Date	January 10, 2006

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriate Act. 2005 (H.R. 4818)		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL For FY 2005</b>		Application Number	10/651,824
		Filing Date	August 29, 2003
		First Named Inventor	MAKOWER
___ Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3731
TOTAL AMOUNT OF PAYMENT	(\$) <b> 130.00</b>	Examiner Name	TRUONG, Kevin Thao
		Attorney Docket Number	PA2005 DIV1

**METHOD OF PAYMENT** (check all that apply)

- Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_
- Deposit Account   Deposit Account Number: **01-2525**   Deposit Account Name: **Medtronic Vascular, Inc.**  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- Charge fee(s) indicated below   \_\_\_\_\_ Charge fee(s) indicated below, **except for the filing fee**
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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING	FEES	SEARCH	FEES	EXAM.	FEES	Fees Paid (4)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	\$
Plant	200	100	300	150	160	80	\$
Reissue	300	150	500	250	600	300	\$
Provisional	200	100	0	0	0	0	\$

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____	- 20 or HP = _____ x	\$ _____	= \$ _____	_____	\$ _____	\$ _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____	- 3 or HP = _____ x	\$ _____	= \$ _____

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____ / 50 = _____	(round up to a whole number) x	=	\$ _____

**4. OTHER FEE(S)**

Other:	Fee Paid (\$)
Terminal Disclaimer Fee	\$130.00
Other: _____	\$ _____

**SUBMITTED BY**

Signature	/Michael J. Jaro, Reg. No. 34,472/	Registration No. (Attorney/Agent)	34,472	Telephone	707.566.1746
Name (Print/Type)	Michael J. Jaro			Date	January 10, 2006

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